

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: TROY AND SAMANTHA HICKS (0010667)

Address: 414 S 4TH AVE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 09/21/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097228	End Date: 06/09/2006	Type: OTHER	Purpose: DESK REVIEW
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Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096311	End Date: 02/07/2006	Type: OTHER	Purpose: DESK REVIEW
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Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096201	End Date: 01/20/2006	Type: OTHER	Purpose: DESK REVIEW
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Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093364	End Date: 09/21/2004	Type: INITIAL	Purpose: SURVEY
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Results: LICENSE/CERT/REGISTRATION ISSUED

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